



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FILED

05 JAN -3 AM 9:49

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From 10 18 04 to 11 22 04  
Mo Day Year Mo Day Year

1. Committee I.D. Number 137357

2. Committee Name  
TONY CALECA FOR COUNTY  
COMMISSIONER

5. Committee's Mailing Address  
20728 DUNHAM  
CLINTON TWP MI 48038  
Area Code and Phone 586-465-6011

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

7. Treasurer's Business Address  
DURA AUTOMOTIVE  
2791 RESEARCH DR.  
ROCHESTER HILLS, MI  
Area Code and Phone 248-299-7487

4. Candidate Last Name CALECA First Name Anthony M.I. J  
4a. Office Sought including District # or Community Served (If applicable)  
Macomb County Commissioner Dist. 16  
4b. County of Residence Macomb

6. Treasurer's Name & Residential Address  
LISA M. CALECA  
3140 GARDNER PARKWAY MICH  
Area Code & Phone (981) 635-7477

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone ( )

**9. TYPE OF STATEMENT**

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☐ Primary ☒ General  
☐ Convention ☐ School  
☐ Special ☐ Caucus

Date of Election, Convention or Caucus

11 2 04  
Month Day Year

9c. ☐ Annual Statement ( ) Coverage Year

9d. ☒ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper Lisa M. Caleca Lisa M. Caleca Date 1 3 05  
Type or Print Name Signature Mo Day Year  
Candidate Anthony J. Caleca Anthony J. Caleca Date 1 3 05  
Type or Print Name Signature Mo Day Year

Authority granted under P.A. 388 of 1976



MICHIGAN DEPARTMENT OF STATE  
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**DEBTS AND OBLIGATIONS**

**SCHEDULE 1E**

**CANDIDATE COMMITTEE**

1. Committee I.D. Number 137357  
2. Committee Name Tony Caleca For County Commissioner

This Schedule itemizes:

- a. ☐ Debts and obligations owed by or forgiven the committee OR b. ☐ Debts and obligations owed to or forgiven by the committee.  
(Check either a or b. Use only for the purpose checked.)

3. Name and Mailing Address of person, vendor or financial institution to whom debt is owed.  Check box to indicate whether debt is owed to an incorporated business. If debt is a bank loan, please provide information regarding the endorser or guarantors, if any.	4. Type of Obligation (Indicate type and you may assign an expenditure code) 5. Indicate date debt was incurred 6. Indicate original amount of debt	7. Date and amount of each payment	8. Cumulative payment to date on debt	9. Outstanding Balance at close of this period (Item 6 minus Item 8)
Debt #1 Corp? <input type="checkbox"/> Yes Owed to or by: <u>Anthony J Caleca</u>	4. Type: <u>Loan</u> 5. <u>Date Debt Was Incurred:</u> <u>8-1-04</u> 6. <u>Original Amount of Debt:</u> \$ <u>300</u>	11/7/04 \$ 300 / / \$ / / \$ / / \$ / / \$	\$ <u>300</u>	\$ <u>0</u> <input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #2 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		
Debt #3 Corp? <input type="checkbox"/> Yes Owed to or by:	4. Type: _____ 5. <u>Date Debt Was Incurred:</u> _____ 6. <u>Original Amount of Debt:</u> \$ _____	/ / \$ / / \$ / / \$ / / \$ / / \$	\$ _____	<input type="checkbox"/> FORGIVEN
If bank loan, name of endorser or guarantor:		Amount Endorsed: \$		

Page Subtotal (Outstanding debt)

Grand Total of all Schedules 1E  
(Complete on last page of Schedule showing amounts owed by or to the committee)

Enter this total on line 12a "owed by" or line 12b "owed to" of the Summary Page

A debt or obligation must be shown on this Schedule if there was an outstanding amount owed on it at the closing date of this Campaign Statement or it was forgiven during the period covered by this Campaign Statement.

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